

STATE OF MARYLAND  
(MONTGOMERY COUNTY)

**2013-2014 ALCOHOLIC BEVERAGE LICENSE RENEWAL APPLICATION**

**NOTE:** This application can be filed as early 2/1/13 BUT no later than 4/1/13. Late applications (after April 1, 2013) may result in a fine amount up to \$50 per day. Applications will not be accepted after April 5, 2013.

Please submit applications to:

Office of the Board of License Commissioners for Montgomery County  
16650 Crabbs Branch Way  
Rockville, Maryland 20855

Application Fee is \$100 (check, cash, and major credit cards accepted)

For the Use of:                      Individual                      Partnership                      Corporation                      Ltd. Liability Co. (LLC)

(1) Trade Name of Licensed Facility: \_\_\_\_\_  
(Business Telephone #) \_\_\_\_\_

(2) Address of Licensed Facility: \_\_\_\_\_

(3) Current License #: \_\_\_\_\_ (4) Facility website (if any) \_\_\_\_\_

(5) Hours of operation: \_\_\_\_\_

(6) Are there any changes to the facts and information from your last issued alcoholic beverage license?  
(such as **address change(s), applicant name(s) change, change of licensees, criminal convictions, change in percentage of ownership, change in corporate officers, floor plan/layout, etc.**)

YES

No

*If YES, EXPLAIN on a separate sheet of paper.*

**TO THE BOARD OF LICENSE COMMISSIONERS FOR MONTGOMERY COUNTY:**

Each of the applicants listed below applies for renewal of the license now held, and submits the following required information in support of renewal:

(7) Applicant(s): Each applicant must provide name, home address, and home or cell phone number:

a. \_\_\_\_\_  
(Name) (Home Address/Zip Code)

\_\_\_\_\_  
(Email Address) (Home Telephone #) (Cell Phone #)

b. \_\_\_\_\_  
(Name) (Home Address/Zip Code)

\_\_\_\_\_  
(Email Address) (Home Telephone #) (Cell Phone #)

c. \_\_\_\_\_  
(Name) (Home Address/Zip Code)

\_\_\_\_\_  
(Email Address) (Home Telephone #) (Cell Phone #)

(8) Who will be in active charge of the business from May 1, 2013 to April 30, 2014?

**NOTE: FINGERPRINT CARDS & PHOTO MUST  
BE SUBMITTED FOR ANY MANAGER WHO HAS NOT PREVIOUSLY SUBMITTED THEM.**

(9) Name of Corporation (IF APPLICABLE): \_\_\_\_\_

Address of corporation: \_\_\_\_\_

(a) Stockholders:

Name/Address \_\_\_\_\_ Shares Owned: \_\_\_\_\_

Name/Address \_\_\_\_\_ Shares Owned: \_\_\_\_\_

Name/Address \_\_\_\_\_ Shares Owned: \_\_\_\_\_

Name/Address \_\_\_\_\_ Shares Owned: \_\_\_\_\_

(10) Name of Ltd. Liability Co. (IF APPLICABLE): \_\_\_\_\_

Address of LLC: \_\_\_\_\_

(a) Percentage ownership interest of entire LLC:

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

(11) Name of Partnership (IF APPLICABLE): \_\_\_\_\_

Address of Partnership: \_\_\_\_\_

(a) Percentage ownership interest of all general partners:

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

Name/Address \_\_\_\_\_ Percentage: \_\_\_\_\_

(12a)

**COMPLETE IF YOUR CURRENT LEASE RUNS THROUGH OR BEYOND 4/30/2013:**

**STATEMENT OF LICENSEE RE: LEASE**

***If this statement is not completed, the Statement of Owner of Premises (below) must be completed.***

Date: \_\_\_\_\_

I/We hereby certify that I/We have a lease with \_\_\_\_\_  
(Name of Property Owner)

\_\_\_\_\_  
(Address & Phone Number of Property Owner)

expiring \_\_\_\_\_ for the property named in the foregoing renewal application for  
(Date MM/YY)

Alcoholic Beverage License made by \_\_\_\_\_ to the Board  
(Applicant/s)

of License Commissioners and that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors, and clerks; the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said County to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted, at any and all hours.

(12b)

**COMPLETE ONLY IF YOUR LEASE EXPIRES BEFORE APRIL 30, 2013**  
**OR IF YOU OWN THE PROPERTY:**

**STATEMENT OF OWNER OF PREMISES**

***If this statement is not completed, the Statement of Licensee (above) must be completed.***

Required in connection with Alcoholic Beverage Laws of Maryland:

I/WE HEREBY CERTIFY that I/WE are the owner(s) of the property known as

\_\_\_\_\_ located at \_\_\_\_\_  
(facility name) (address)

\_\_\_\_\_ named in the foregoing renewal application made by

\_\_\_\_\_ to the Board of License Commissioners.  
(applicant)

Under the Alcoholic Beverage Laws of Maryland: That I/We assent to the granting of the license applied for, that I/We hereby authorize the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officers of said county to inspect and search, without warrant, the premises upon which the business is to be conducted, at any and all hours.

Witness: \_\_\_\_\_ (Property Owner) \_\_\_\_\_  
(PRINT NAME)

(Address) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(Property Owner Signature) \_\_\_\_\_

Date: \_\_\_\_\_

(13a)

**ELECTION OF OFFICERS FORM**  
**CORPORATE MINUTES**

\_\_\_\_\_  
(Corp. Name)

President

\_\_\_\_\_  
(Name)

Vice-President

\_\_\_\_\_  
(Name)

Secretary

\_\_\_\_\_  
(Name)

Treasurer

\_\_\_\_\_  
(Name)

(13b)

**LIMITED LIABILITY COMPANY**  
**ORGANIZATIONAL RESOLUTION**

\_\_\_\_\_  
(Limited Liability Company Name)

Authorized Person

\_\_\_\_\_  
(Name)

Authorized Person

\_\_\_\_\_  
(Name)

Authorized Person

\_\_\_\_\_  
(Name)

### AFFIDAVIT'S

- (14) Are you applying for catering privileges (available only to BBWL licensees)?

(If so, also fill out catering privileges application):

YES

NO

If you have catering privileges, are you requesting continued approval?

YES

NO

- (15) Are you applying for an outdoor café? (If so, also fill out outdoor café application):

YES

NO

Are you requesting continued approval for an outdoor café previously approved by the Board of License Commissioners?

YES

NO

- (16) Are you applying for a Beer and/or Wine Sampling Tasting (BWST) License (Class A Only)?

(If so, also fill out BWST application):

YES

NO

Are you requesting continued approval for BWST License previously approved by the Board of License Commissioners? **\*\* Annual fee \$200**

YES

NO

- (17) Are you applying for Wine Corkage License (available only to Class B and C licensees)?

(If so, also fill out wine corkage application):

YES

NO

If you have wine corkage added to your license, are you requesting continued approval?

YES

NO

***For all applications, visit [www.montgomerycountymd.gov/dlc](http://www.montgomerycountymd.gov/dlc) and click on 'applications'***

- (18) Ratio Affidavit (For Beer, Wine & Liquor, Class B, or B-K Licensees ONLY):

I/We hereby attest, under the penalty of perjury, that the gross receipts from the sale of alcoholic beverages in the hotel/restaurant - hotel/motel for the twelve month period immediately preceding the application for renewal did not exceed the gross receipts from the sale of food.

YES

NO

- (19) State Tax Obligations

I/We hereby agree to keep current all state and local tax obligations including, but not limited to, state sales and use taxes, withholding taxes, and admissions taxes.

**Maryland State Sales Tax Account Number:**

**Extract from Section 16-501 of Article 2B of the Annotated Code of Maryland:** *"If any signed statement, affidavit or oath required under the provisions of this Act shall contain any false statement, the offender shall be deemed guilty of perjury, and upon indictment and conviction thereof, shall be subject to the penalties provided by law for that crime."*

**All the facts and information contained in the original application as submitted are true and unchanged to this time.**  
**Agree**

**I do solemnly declare and affirm under the penalties of perjury that the content of the foregoing document are true and correct to the best of my knowledge, information, and belief.**

**Agree**

(19) ALL APPLICANTS MUST SIGN IN FRONT OF A NOTARY UNDER SECTIONS a, b, or c BELOW.  
*The (a), (b), or (c) signature lines must correspond to the person(s) listed on number 7, first page.*

(a) \_\_\_\_\_  
(Signature of Applicant)

(b) \_\_\_\_\_  
(Signature of Applicant)

(c) \_\_\_\_\_  
(Signature of Applicant)

(d) \_\_\_\_\_  
(Signature of President or Vice-President)

***\*IF FILED AS A CORPORATE APPLICATION, THE PRESIDENT OR VICE PRESIDENT MUST ALSO SIGN ON LINE (d) ABOVE, IN ADDITION TO SIGNING AS AN APPLICANT ON LINE (a), (b), OR (c). THE SIGNATURE ON LINE (d) MUST ALSO BE NOTARIZED BELOW.***

State of \_\_\_\_\_ County of \_\_\_\_\_

I hereby certify, that on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before the subscriber, a notary public of the state of \_\_\_\_\_, personally appeared: (a) \_\_\_\_\_, (b) \_\_\_\_\_, (c) \_\_\_\_\_, and (d) \_\_\_\_\_ the above named in this renewal application, who made oath in due form of law that the matters and facts contained in said application are true and correct.

Witness my hand and official seal:

\_\_\_\_\_  
Signature of Notary Public

SEAL

\_\_\_\_\_  
Printed Name of Notary Public

My commission Expires: \_\_\_\_\_